

## PART B - FEE(S) TRANSMITTAL

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John C. Pokotylo (Depositor's name)  
 (Signature)  
 October 29, 2004 (Date)

26479 7590 08/25/2004

STRAUB & POKOTYLO  
620 TINTON AVENUE  
BLDG. B, 2ND FLOOR  
TINTON FALLS, NJ 07724

11/03/2004 MMEKONE1 00000038 10020001

01 FC:1501 1370.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 30.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/020,001      | 12/07/2001  | Azuma Miyazawa       | OOCL-76 (US-P1549)  | 7220             |

TITLE OF INVENTION: HEAT SUBLIMATIC PRINTER

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$ 1370   | \$300           | \$ 1670          | 11/26/2004 |

| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| PEGGINS, KRISTAL J | 2861     | 347-222000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Straub &amp; Pokotylo

2 John C. Pokotylo

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Olympus Corporation

Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by check XXXXXXXXXXXX, or credit any overpayment, to Deposit Account Number 50-1049 (enclose an extra copy of this form).

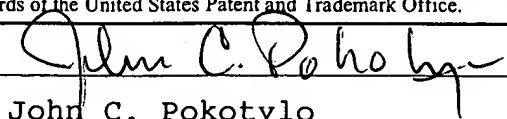
any deficiencies

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature


Date October 29, 2004

Typed or printed name

John C. PokotyloRegistration No. 36, 242

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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|   |                             |  |
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| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | <b>Application Number</b>   | 10/020,001                                       |
|   | <b>Filing Date</b>          | December 7, 2001                                 |
|   | <b>First Named Inventor</b> | Azuma MIYAZAWA et al.                            |
|   | <b>Group Art Unit</b>       | 2861   |
|   | <b>Examiner Name</b>        | Kristal J. Feggins                               |
| <b>Total Number of Pages in This Submission</b>   |                             | <b>Attorney Docket Number</b> OOCL-76 (US-P1549) |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (Form PTOL-85B)<br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Postcard Receipt<br><br><input type="checkbox"/> Other Enclosure(s) (please<br>identify below): |
| <b>Remarks</b>   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                    |
|--|------------------------------------|
| Firm<br>or<br>Individual name              | John C. Pokotylo (Reg. No. 36,242) |
| Signature                                  |                                    |
| Date                                       | October 29, 2004                   |

| CERTIFICATE OF MAILING   |                  |      |                  |
|--|------------------|------|------------------|
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| Typed or printed name  | John C. Pokotylo |      |                  |
| Signature  |                  | Date | October 29, 2004 |

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